

Intervention: Self-help interventions for smoking cessation

Finding: Mixed evidence

Potential partners to undertake the intervention:

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| <input type="checkbox"/> Nonprofits or local coalitions | <input type="checkbox"/> Businesses or labor organizations |
| <input type="checkbox"/> Schools or universities | <input type="checkbox"/> Media |
| <input checked="" type="checkbox"/> Health care providers | <input checked="" type="checkbox"/> Local public health departments |
| <input type="checkbox"/> State public health departments | <input type="checkbox"/> Policymakers |
| <input checked="" type="checkbox"/> Hospitals, clinics or managed care organizations | <input checked="" type="checkbox"/> Other: Current smokers |

Background on the intervention:

Self-help usually takes the form of written materials, but may include other forms of media such as video or audiotape. The aim of self-help interventions is to provide some of the benefits of intensive behavioral interventions without the need to attend treatment sessions. Self-help materials can be disseminated and used on a much wider scale than therapist-delivered treatment. They therefore represent a bridge between the clinical approach to smoking cessation oriented towards individuals, and public health approaches that target populations (Curry 1993).

Findings from the systematic reviews:

There is mixed evidence on the effectiveness of self-help interventions on smoking cessation. Standard self-help materials may increase quit rates compared to no intervention, but the effect is likely to be small. There is no evidence that they have an additional benefit when used alongside other interventions such as advice from a health care professional or nicotine replacement therapy. However, there is evidence that materials that are tailored for individual smokers are more effective.

Access to information, in understandable formats, is important for individuals who smoke, as it is for those with other kinds of medical problems. This review examined the specific effect of materials which aimed to provide a structured approach to smoking cessation beyond simple information. Such materials may provide a very small increase in quitting compared to no intervention. There is little evidence that self-help materials produce incremental benefits over other minimal interventions such as advice from a health care professional or nicotine replacement therapy. There is increasing evidence that materials that are tailored for individual smokers are more effective than no intervention, and more effective than non-tailored materials, although the absolute increase in quit rates is still small.

References:

Lancaster T, Stead LF. Self-help interventions for smoking cessation. *The Cochrane Database of Systematic Reviews* 2002, Issue 3. Art. No.: CD001118. DOI: 10.1002/14651858.CD001118.